(ग) क्या यह सच है कि लोगों को बाजार से दवाइयां खरीदने के लिए विवश किया जाता है; और

(घ) यदि हां, तो इस संबंध में ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानन्द) : (क) दिल्ली प्रशासन एवं केन्द्रीय सरकारी अस्पतालों ने जीवन रक्षक अनिवार्य औषधों की अनुपलब्धता सूचित नहीं की है ।

(ख) यह प्रश्न नहीं उठता ।

(ग) और (घ) चूंकि सभी प्रकार की औषधें सरकारी अस्पतालों से हमेशा उपलब्ध नहीं कराई जा सकती इसलिए मरीजों को कभी-कभी औषधें बाजार से खरीदनी पड़ती हैं ।

Nurses-Doctors Ratio

1118. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how far the country's nurses-doctors ratio falls short of international standards;

-(b) what are the comparative figures for Delhi, Bombay and other metropolis;

(c) what steps are contemplated to reach international standards by opening more Nursing Colleges in Delhi and elsewhere; and

(d) whether there are any proposals under consideration to allow private sector financed Nursing Colleges to augment Government's efforts and if so, the details in this regard ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) There is no optimal nurse-doctor ratio. However, the most accepted norm is 1 doctor: 3 Nurses.

(b) No such figures are readily available.

(c) According to the information supplied ByDelhi Administration two Schools of Nursing are to be opened in Delhi. The School of Nursing at LNJP Hospital has been upgraded into a college of Nursing this year.

(d) Central Government has not received any such proposal. The State Governments are responsible for the production and training of Nurses in each State.

Direction by the Delhi High Court to MCD for Spraying Pesticides in the National Capital

1119. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that recently the Delhi High Court directed the Municipal Corporation of Delhi (MCD) to spray pesticides in an area of the National Capital once a week to put an end to the mosquito menance there;

(b) if so, the details thereof;

(c) whether Government propose to make it compulsory for both the MCD and New Delhi Municipal Corporation to spray pesticides in all the areas of the National Capital once a week to end the mosquito menance in the Capital; and

(d) if not, what action Government propose to take to end the mosquito menance in the capital and also to bring down Malaria dises therein ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND) (a) and (b): The Delhi High Court in their order dated 27-5-93 have directed the MCD to spray pesticides once a week in the Vasant Kunj area as per programme indicating the dates and timings when different areas in Vasant Kunj would be sprayed.

(c) No, Sir.

(d) Under the Urban Malaria Scheme, both MCD and NDMC are carrying out recurrent weekly treatment of mosquito breeding places with larvicides wherever necessary.

Primary Health Centres in Gujarat

1120. SHRI GOPALSINH G. SOLANKI
SHRI RAMSINH RATHWA

Wi11 the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of primary health centres in each district of Gujarat as on date 3lst January, 1993;

(b) what are the funds provided by the Union Government to these centres during the year 1991-92 and 1992-93;

(c) what is the number of rural households covered by the each primary health centres of each District of the state: and

(d) what are the measures taken by the Union Government for effective functioning of the centres?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) A statement showing the district-vise number of Primary Health Centres as on 3lst January, 1993 is annexed *[See* below).

(b) to (d) A Primary Health Centre (PHC) is set on for every 30,000 population in plain areas and 20,000 population in hilly and tribal areas. PHCs arc funded and maintained by the States under the Minimum Needs Programme.

Statement

The number of Primary Health Centres in Gujarat as on 31-1-93

Sr. No.	Name of District	As on 31-1-93 No. of PHCs
1.	Ahmedabad	45
2.	Amreii	32
3.	Banaskantha	60
4.	Vadodara	66
5.	Bhavnagar	46
6.	Bharuch	45
7.	Valsad	53
8.	Dangs	7
9.	Gandhi Nagar	7
10.	Jamnagar	36
11.	Junagadh	55
12.	Kheda	90
13.	Kutch	37
14.	Mehsana	72
15.	Panchmahals	89
16.	Rajkot	42
17.	Sabarkantha	52
18.	Surat	59
19.	Surendranagar	28
	TOTAL :	921

Deaths Doe to Complications from Illegal Abortions

1121. SHRI VIREN J. SHAH :
SHRI PRAMOD MAHAJAN :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to report published in the Times of India, New Delhi of June 21, 1993 under the heading Illegal abortions claim 5 lakhs lives" and state -

(a) whether it is a fact that about 5 lakh women die in India every year due to complications from illegal abortion;

(b) whether it is also a fact that majority of women who survive such illegal abortions suffer life long health problems;

(c) if answers to parts (a) and (b) above be in the affirmative, what are the facts and details in this regard. State-wise; and

(d) what steps Central Government/State Governments have taken for the safety of lives of women against the practice of illegal abortions in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) No, Sir. Although exact figures are not available on deaths due to complications of illegal abortions as these are clandestinely performed, it is estimated that about 1.25 lakh women die due to pregnancy related causes out of which abortion is one of the major causes.

(b) Illegal abortions carry a risk of lifelong morbidity.

(c) Although State-wise details are not available, according to the report of the Registrar General of India for 1990, it is estimated that about 11.8% of maternal deaths are due to illegal abortions.

(d) Under the provisions of the Medical Termination of Pregnancy Act, a large number of institutions, including private institutions have been recognised to undertake safe abortion. Funds have been released to the State Governments for training medical personnel and for purchase of equipments for medical termination of pregnancy. Rs. 15/- is provided for each case for drugs and dressing. The availability and acceptability of contraceptives is being increased to prevent unwanted pregnancies.

Reforms In Health Policies

H22. SHRI SHTVPRATAPMISHRA: Will fie Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that the World Bank has suggested reforms in health policies in the country; and

(b) if so, what are the details in this regard and what action has so far been taken thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) No, Sir.

(b) Does not arise.